

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

RECEIVED  
Date Stamp (Received)  
DEC 03 2018

Bayfield Co. Zoning Dept.

Permit #:	180499
Date:	12-17-18
Amount Paid:	\$75 12-4-18 \$75 12-4-18
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER							
Owner's Name: <u>Meitner</u> <u>Roger A. &amp; Charlene L.</u>		Mailing Address: <u>Pease Rd.</u> <u>51565</u>		City/State/Zip: <u>Barnes Wi. 54873</u>		Telephone: <u>715-795-3440</u>	
Address of Property: <u>51565 Pease Rd.</u>		City/State/Zip: <u>Barnes Wi. 54873</u>				Cell Phone:	
Contractor: _____		Contractor Phone: _____		Plumber: _____		Plumber Phone: _____	
Authorized Agent: (Person Signing Application on behalf of Owner(s)) _____		Agent Phone: _____		Agent Mailing Address (include City/State/Zip): _____		Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION <u>SE 1/4, NW 1/4</u>		Legal Description: (Use Tax Statement) _____		Tax ID# <u>1171</u>		Recorded Document: (Showing Ownership) <u>04-004-2-44-09-01-2-01-000</u>	
Gov't Lot _____		Lot(s) <u>1</u>		CSM <u>309</u>		Subdivision: <u>50000-004-1038-02000</u>	
Section <u>01</u> , Township <u>44</u> N, Range <u>09</u> W		Town of: <u>Barnes</u>		Lot Size _____		Acreage <u>5.01</u>	

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? <u>If yes---continue</u> →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <u>If yes---continue</u> →	Distance Structure is from Shoreline: _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$ <u>10,000</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: <u>Composting</u>	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Blocks	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/>	Use <input checked="" type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Year Round	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( X )	
		with a Porch	( X )	
		with (2nd) Porch	( X )	
		with a Deck	( X )	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	( X )	
		with Attached Garage	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	( X )	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	( X )	
	<input type="checkbox"/>	Accessory Building (specify) _____	( X )	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	( X )	
	<input type="checkbox"/>	Special Use: (explain) _____	( X )	
	<input type="checkbox"/>	Conditional Use: (explain) _____	( X )	
	<input checked="" type="checkbox"/>	Other: (explain) <u>12x36 storage shed-portable</u>	<u>(12 x 36)</u>	<u>432</u>

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Roger A Meitner Charlene L Meitner  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 12-3-2018

Authorized Agent: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date \_\_\_\_\_

Address to send permit 51565 Pease Rd, Barnes Wi. 54873  
Attach Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed



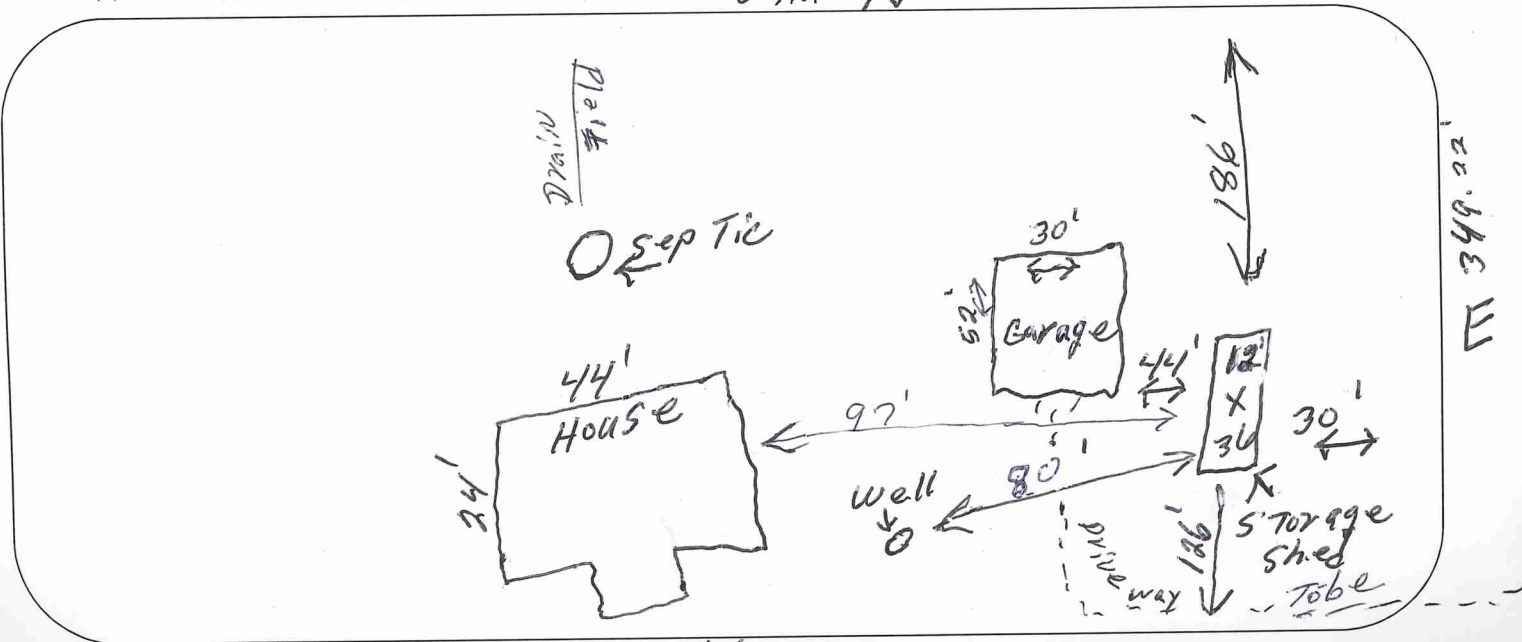
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Below: Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink - NO PENCIL

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\* ) Driveway and (\* ) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\* ) Well (W); (\* ) Septic Tank (ST); (\* ) Drain Field (DF); (\* ) Holding Tank (HT) and/or (\* ) Privy (P)
- (6) Show any (\*): (\* ) Lake; (\* ) River; (\* ) Stream/Creek; or (\* ) Pond
- (7) Show any (\*): (\* ) Wetlands; or (\* ) Slopes over 20%

621.31' N



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
610' EASEMENT		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	186' Feet	Setback from Wetland	Feet
Setback from the South Lot Line	126' Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the West Lot Line	580' Feet	Elevation of Floodplain	Feet
Setback from the East Lot Line	30' Feet		
Setback to Septic Tank or Holding Tank	122' Feet	Setback to Well	30' Feet
Setback to Drain Field	125' Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 18-0499		Permit Date: 12-17-18		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: Existing shed placed too close to property line - voluntary reporting ATF		Zoning District (R-2)		
Date of Inspection: 12/11/18		Lakes Classification (-)		
Inspected by: [Signature]		Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)				
Condition: No accessory building shall be used for human habitation / sleeping purposes without necessary county and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks. + Move structure into compliant setbacks by 7/1/2019				
Signature of Inspector: [Signature]		Date of Approval: 12/12/18		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>



City, village, State or Federal  
permits May Also Be Required

**After-the-Fact**

LAND USE – **X**  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **18-0499** Issued To: **Roger & Charlene Meixner**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **1** Township **44** N. Range **9** W. Town of **Barnes**

Gov't Lot                      Lot **1**                      Block                      Subdivision                      CSM# **309**

For: **Residential Accessory Structure: [ 1- Story; Shed (12' x 36') = 432 sq. ft. ]**  
**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s): No accessory building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.**

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

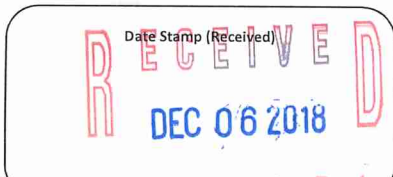
**December 17, 2018**

Date



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



Permit #:	18-0505
Date:	12-20-18
Amount Paid:	\$75 12-7-18 \$75 12-7-18
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

ATF \$150

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Tim & Judith McLeod	Mailing Address: 38 Adler Lane	City/State/Zip: Esko, MN 55733	Telephone: 
Address of Property: 2110 South Shore Road	City/State/Zip: Barnes, WI 54873	Cell Phone: (218) 310-2008	
Contractor: Dan Archambeau (715)	Contractor Phone: 795-3026	Plumber: 	Plumber Phone: 
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Mike Furtak (715)	Agent Phone: 817-2034	Agent Mailing Address (include City/State/Zip): Iron River, WI 54847	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No on file
PROJECT LOCATION Legal Description: (Use Tax Statement)	Tax ID# 2223	Recorded Document: (Showing Ownership) 832 199	
1/4, 1/4	Gov't Lot 4	Lot(s) 1	CSM 5,232-33
Section 20, Township 44 N, Range 9 W		Town of: Barnes	Lot Size Acreage 7.212

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : 38 feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$14,000	<input type="checkbox"/> New Construction	1-Story	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Walkout Use	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Conv	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)			<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		<input checked="" type="checkbox"/> Year Round		<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>				<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 45	Width: 23.5	Height: 34
Proposed Construction:	Length: 23	Width: 14	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( X )	
		with a Porch	( X )	
		with (2nd) Porch	( X )	
		with a Deck	( X )	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	( X )	
		with Attached Garage	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date)	( X )	
	<input checked="" type="checkbox"/>	Addition/Alteration (specify) deck, w/ roof cave (deck)	(23 x 14)	322
	<input type="checkbox"/>	Accessory Building (specify) extension	(3 x 23.5)	70.5
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) step	(4.5 x 7.75)	34.875
	<input type="checkbox"/>	Special Use: (explain)	( X )	
	<input type="checkbox"/>	Conditional Use: (explain)	( X )	
	<input type="checkbox"/>	Other: (explain)	( X )	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date

Authorized Agent: Michael Furtak  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date 11-29-2018

Address to send permit 6173 Iron Lake Rd, Iron River, WI

Attach  
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

54847



APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – **NO PENCIL**

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

See attachment

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the <u>S. Shore Rd</u>		Setback from the Lake (ordinary high-water mark)	38 Feet
Setback from the Centerline of Platted Road	570 Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the Established Right-of-Way	540 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line	NA Feet	Setback from Wetland	23 Feet
Setback from the South Lot Line	500+ Feet	20% Slope Area on the property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the West Lot Line	230+ Feet	Elevation of Floodplain	Feet
Setback from the East Lot Line	150+ Feet		
Setback to Septic Tank or Holding Tank	19 Feet	Setback to Well	26 Feet
Setback to Drain Field	25 Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: <u>18-0505</u>		Permit Date: <u>12-20-18</u>		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record)	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Fused/Contiguous Lot(s))	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>ATF</u>	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record:		Zoning District (R-1) Lakes Classification (1)		
Date of Inspection:	Inspected by:	Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)				
Signature of Inspector: <u>[Signature]</u>		Date of Approval: <u>12/20/18</u>		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	

City, Village, State or Federal  
Permits May Also Be Required

**After-the-Fact**

LAND USE – **X**  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **18-0505** Issued To: **Timothy & Judith McLeod / Mike Furtak, Agent**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **20** Township **44** N. Range **9** W. Town of **Barnes**

Being a part in

Gov't Lot **4** Lot **1** Block Subdivision CSM#

For: **Residential Addition / Alteration: [ 1- Story; Deck (23' x 14') = 322 sq. ft.;  
Roof Extension (3' x 23.5') = 70.5 sq. ft.; Step (4.5' x 7.75') = 34.875 ]  
Total Overall = 364.375 sq. ft.**

**(Disclaimer):** Any future expansions or development would require additional permitting.

## Condition(s):

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

**December 20, 2018**

Date



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



Permit #:	18-0506
Date:	12-20-18
Amount Paid:	\$75 12-7-18 \$75 12-7-18
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

ATF \$150

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	
Owner's Name: Tim & Judith McLeod	
Mailing Address: 38 Alder Lane	
City/State/Zip: Esko, MN 55733	
Telephone: (218) 310-2008	
Address of Property: 2110 South Shore Rd	
City/State/Zip: Barnes, WI 54873	
Contractor: Dan Archambeau (715) 795-3026	
Plumber: (715) 817-2034	
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Mike Fortak (715) 817-2034	
Agent Mailing Address (include City/State/Zip): 6173 Iron Lake Rd WI 54847	
Written Authorization Attached on file Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
PROJECT LOCATION	Legal Description: (Use Tax Statement)
Tax ID# 2223	
Recorded Document: (Showing Ownership) 832 199	
1/4, 1/4	Gov't Lot 4
Lot(s) 1	CSM 5,232-33
Vol & Page	CSM Doc #
Lot(s) No.	Block(s) No.
Subdivision:	
Section 20, Township 44 N, Range 9 W	Town of: Barnes
Lot Size	Acreage 7.212

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : 38 feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$5,000	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Wetfoot	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Conv	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	Use	<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property		<input checked="" type="checkbox"/> Year Round		<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 45	Width: 23.5	Height: 34
Proposed Construction:	Length: 9.5	Width: 6	Height: 12

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( X )	
		with a Porch	( X )	
		with (2nd) Porch	( X )	
		with a Deck	( X )	
<input type="checkbox"/> Commercial Use		with (2nd) Deck	( X )	
		with Attached Garage	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date)	( X )	
	<input checked="" type="checkbox"/>	Addition/Alteration (specify) covered entryway	9.5 x 6	57
	<input type="checkbox"/>	Accessory Building (specify)	( X )	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	( X )	
	<input type="checkbox"/>	Special Use: (explain)	( X )	
	<input type="checkbox"/>	Conditional Use: (explain)	( X )	
	<input type="checkbox"/>	Other: (explain)	( X )	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date \_\_\_\_\_

Authorized Agent: Michael Fortak  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date 11/29/2018

Address to send permit 6173 Iron Lake Rd, Iron River, WI

Attach  
Copy of Tax Statement ✓

If you recently purchased the property send your Recorded Deed

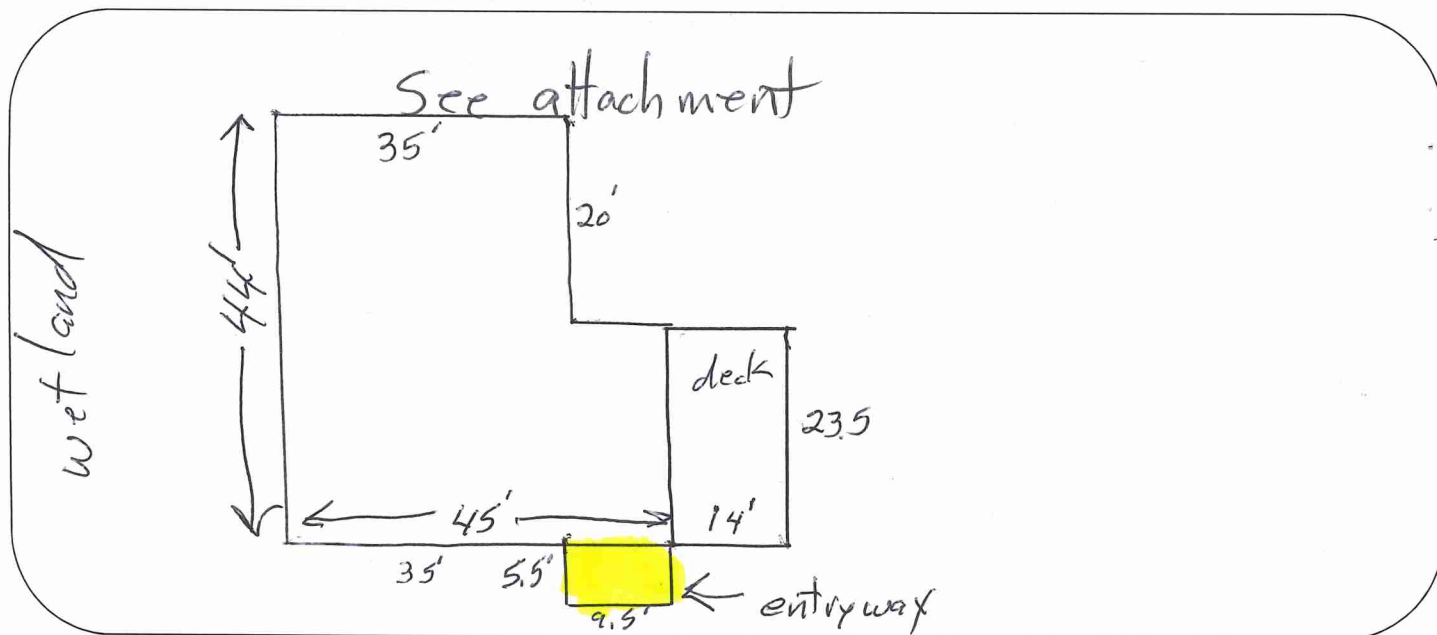
54847



Box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – **NO PENCIL**

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**
- (6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**
- (7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) **Setbacks:** (measured to the closest point)

Description	Measurement		Description	Measurement	
S. Shore Rd					
Setback from the Centerline of Platted Road	570	Feet	Setback from the Lake (ordinary high-water mark)	38	Feet
Setback from the Established Right-of-Way	540	Feet	Setback from the River, Stream, Creek	NA	Feet
			Setback from the Bank or Bluff	NA	Feet
Setback from the North Lot Line	NA	Feet			
Setback from the South Lot Line	500+	Feet	Setback from Wetland	23	Feet
Setback from the West Lot Line	230+	Feet	20% Slope Area on the property	X Yes <input type="checkbox"/> No	
Setback from the East Lot Line	750+	Feet	Elevation of Floodplain		Feet
Setback to Septic Tank or Holding Tank	19	Feet	Setback to Well	26	Feet
Setback to Drain Field	25	Feet			
Setback to Privy (Portable, Composting)	NA	Feet			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:		# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:					
Permit #: 18-0506		Permit Date: 12-20-18					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Case #:		Case #:					
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record:		Zoning District (R-1)					
		Lakes Classification (1)					
Date of Inspection:		Inspected by:				Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)							
Signature of Inspector: [Signature]							
Date of Approval: 12/20/18							
Hold For Sanitary: <input type="checkbox"/> Hold For TBA: <input type="checkbox"/> Hold For Affidavit: <input type="checkbox"/> Hold For Fees: <input type="checkbox"/>							



own, City, Village, State or Federal  
Permits May Also Be Required  
**After-the-Fact**

LAND USE – **X**  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **18-0506** Issued To: **Timothy & Judith McLeod / Mike Furtak, Agent**

Location: -  $\frac{1}{4}$  of -  $\frac{1}{4}$  Section **20** Township **44** N. Range **9** W. Town of **Barnes**

Being a part in

Gov't Lot **4** Lot **1** Block Subdivision CSM#

For: **Residential Addition / Alteration: [ 1- Story; Covered Entry (9.5' x 6') = 57 sq. ft. ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

## Condition(s):

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Tracy Pooler**

Authorized Issuing Official

**December 20, 2018**

Date



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

RECEIVED  
Date Stamp (Received)  
OCT 31 2018  
Bayfield Co. Zoning Dept.



Permit #:	18-0507
Date:	12-20-18
Amount Paid:	\$100 11-1-18 \$96 9-18-18
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

\$96 to be transferred

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER							
Owner's Name: Timothy & Judith McLeod		Mailing Address: 38 Alder Lane		City/State/Zip: Esko, MN 55733		Telephone: 218 879 2121	
Address of Property: 2110 S. Shore Rd, Barnes		City/State/Zip: Barnes, WI 54873				Cell Phone: 218 310 2008	
Contractor: Lester Bldg.		Contractor Phone: 612 801 7831		Plumber: N/A		Plumber Phone:	
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Mike Furtak		Agent Phone: (715) 817-2034		Agent Mailing Address (include City/State/Zip): 6173 Iron Lake Rd, Iron River, WI 54847		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID# (4-5 digits) 2223		Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 832 R- 199	
1/4, 1/4		Gov't Lot 4		Lot(s) 1		CSM 791	
				Vol & Page 5,232-33		Lot(s) No.	
Section 20, Township 44 N, Range 9 W				Town of: Barnes		Lot Size	
						Acreage 6.2	

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : 200+ feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 32,000	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Conv	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 72	Width: 42	Height: 24
Proposed Construction:	Length: 54	Width: 32	Height: 24

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( X )	
		with a Porch	( X )	
		with (2 <sup>nd</sup> ) Porch	( X )	
		with a Deck	( X )	
		with (2 <sup>nd</sup> ) Deck	( X )	
<input type="checkbox"/> Commercial Use		with Attached Garage	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	( X )	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	( X )	
	<input type="checkbox"/>	Accessory Building (specify) _____	( X )	
	<input checked="" type="checkbox"/>	Accessory Building Addition/Alteration (specify) lean-to	154 x 32	1,728
	<input type="checkbox"/>	Special Use: (explain) _____	( X )	
	<input type="checkbox"/>	Conditional Use: (explain) _____	( X )	
	<input type="checkbox"/>	Other: (explain) _____	( X )	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date \_\_\_\_\_

Authorized Agent: Mike Furtak  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date 10-23-2018

Address to send permit 6173 Iron Lake Rd, Iron River, WI 54847

Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed



the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- (1) Show Location of:

(2) Show / Indicate:

(3) Show Location of (\*):

(4) Show:

(5) Show:

(6) Show any (\*):

(7) Show any (\*):
- Proposed Construction

North (N) on Plot Plan

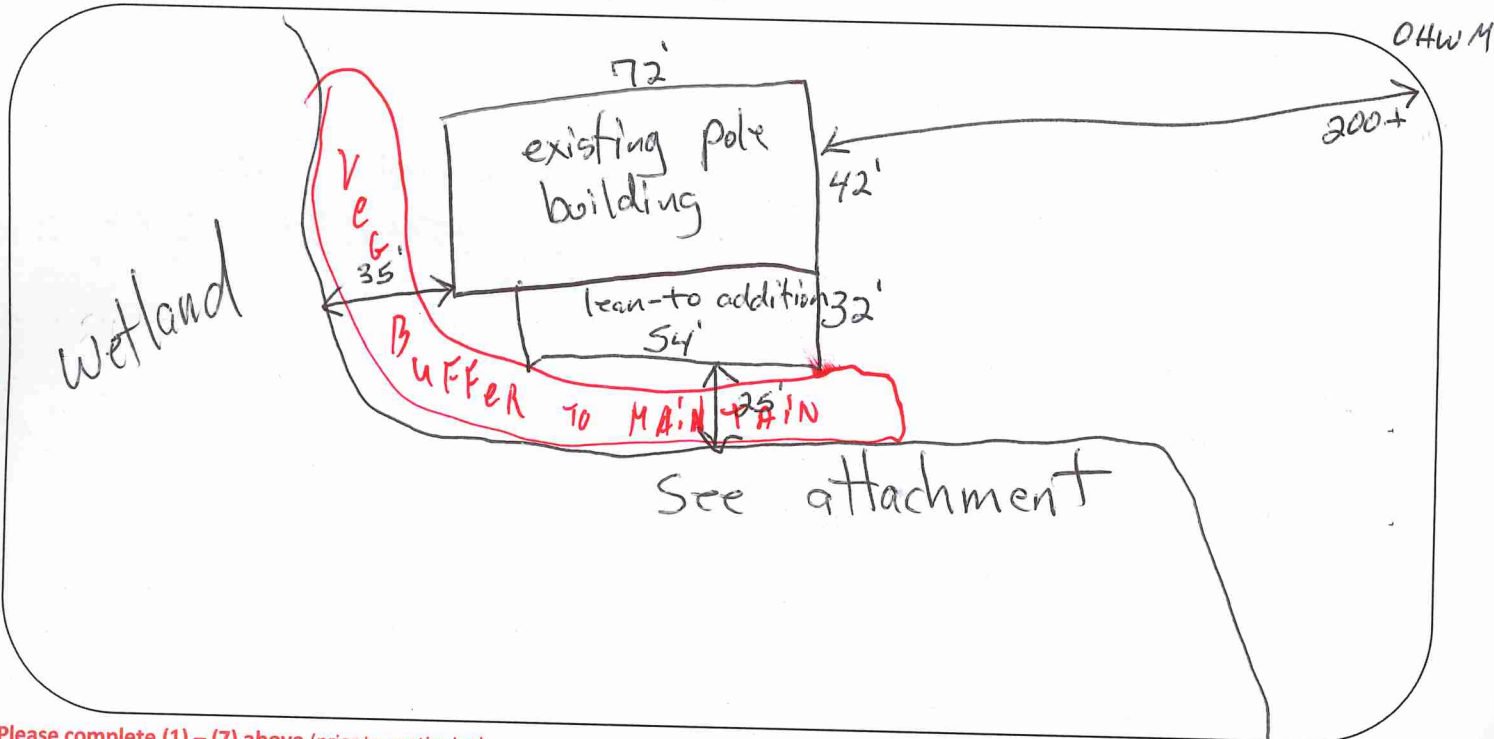
(\*) Driveway and (\*) Frontage Road (Name Frontage Road)

All Existing Structures on your Property

(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)

(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond

(\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement		Description	Measurement
Setback from the Centerline of Platted Road	300+	Feet	Setback from the Lake (ordinary high-water mark)	200+
Setback from the Established Right-of-Way	275+	Feet	Setback from the River, Stream, Creek	NA
Setback from the North Lot Line	NA	Feet	Setback from the Bank or Bluff	NA
Setback from the South Lot Line	NA	Feet	Setback from Wetland	25
Setback from the West Lot Line	100+	Feet	20% Slope Area on property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	200+	Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	130	Feet	Setback to Well	115
Setback to Drain Field	70	Feet		
Setback to Privy (Portable, Composting)	NA	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 18-0507		Permit Date: 12-20-18		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Deed of Record)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mitigation Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Case #:		Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record:		Zoning District (R-1)		
Date of Inspection:		Lakes Classification (1)		
Inspected by:		Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need				
Condition: Construction site best management practices shall be implemented to prevent any erosion or sedimentation onto neighboring properties or wetlands. Necessary UDC permit shall be obtained. <b>Restore + Maintain 25' Vegetative Buffer from wetlands + No Parking in Buffer area (Mitigation)</b>				
Signature of Inspector: <i>[Signature]</i>				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>



City, Village, State or Federal  
Permits May Also Be Required  
**After-the-Fact**

LAND USE – **X**  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **18-0507** Issued To: **Timothy & Judith McLeod / Mike Furtak, Agent**

Location: - ¼ of - ¼ Section **20** Township **44** N. Range **9** W. Town of **Barnes**

Being a part in  
Gov't Lot **4** Lot **1** Block Subdivision CSM#

For: **Residential Accessory Addition / Alteration: [ 1- Story; Lean-to (54' x 32') = ,728 sq. ft. ]**  
**(Disclaimer):** Any future expansions or development would require additional permitting.

**Condition(s):** No accessory building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks. Construction site best management practices shall be implemented to prevent any erosion or sedimentation onto neighboring properties or wetlands. Necessary UDC permit shall be obtained. Restore and maintain 25' vegetative buffer from wetlands and no parking in buffer area (mitigation).

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

**Tracy Pooler**  
Authorized Issuing Official

**December 20, 2018**  
Date

City, Village, State or Federal  
Permits May Also Be Required  
After-the-Fact  
LAND USE – X  
SANITARY –  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –  
No. 18-0507  
Issued To: Timothy & Judith McLeod / Mike Furtak, Agent  
Location: - ¼ of - ¼ Section 20 Township 44 N. Range 9 W. Town of Barnes  
Being a part in  
Gov't Lot 4 Lot 1 Block Subdivision CSM#  
For: Residential Accessory Addition / Alteration: [ 1- Story; Lean-to (54' x 32') = ,728 sq. ft. ]  
(Disclaimer): Any future expansions or development would require additional permitting.  
Condition(s): No accessory building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks. Construction site best management practices shall be implemented to prevent any erosion or sedimentation onto neighboring properties or wetlands. Necessary UDC permit shall be obtained. Restore and maintain 25' vegetative buffer from wetlands and no parking in buffer area (mitigation).  
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Tracy Pooler  
Authorized Issuing Official  
December 20, 2018  
Date  
Municipal Use